

54 Nagle Ave. (Broadway/195<sup>th</sup> Street) New York, NY 10040  
212-569-6200  
www.ywashhts.org




**'10**  
**SUNDAY SPORTS**

CODE	Class Name/ Instructor	Day/ Sessions	Dates	Times	Grade	Fee
SS1	SOCCER	SUNDAYS 5 Sessions	Jul. 18 <sup>th</sup> Aug 15th	10:00 -10:45 am	3.5 yrs – KG.	\$50 Members \$75 Non-M
SS2	SOCCER	SUNDAYS 5 Sessions	Jul. 18 <sup>th</sup> Aug 15th	11:00 -11:50 am	1 <sup>st</sup> Gr. – 3 <sup>rd</sup> Gr.	\$50 Members \$75 Non-M
SB1	BASKETBALL	SUNDAYS 5 Sessions	Jul. 18 <sup>th</sup> Aug 15th	1:00 - 1:50 pm	3 <sup>rd</sup> Gr. – 6 <sup>th</sup> Gr.	\$50 Members \$75 Non-M

Please complete/return to the Y office by Friday, July 16th, (Times may change due to enrollment)

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
STREET \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ CLASS CODES (See above) \_\_\_\_\_

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THE INSTRUCTOR SHOULD KNOW ABOUT? Yes or No (please circle)

IF YES, DESCRIBE \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_ (please make check out to YM & YWHA of Washington Heights and Inwood)

If you are paying by credit card: Amount to charge: \_\_\_\_\_

Card Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle card type: VISA      MASTERCARD

Card Member Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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Call Rodger for more information @ 212-569-6200 x 255